

Application or Docket Number

10/692/66

(Column 1)

(Column 2)

| SMALL ENTITY | |
|--------------|----------|
| RATE (\$) | FEE (\$) |
| | |
| | |
| | |
| X | |
| X | |
| | |
| | |
| | |
| TOTAL | |

OR OTHER THAN
SMALL ENTITY

| | RATE (\$) | FEE (\$) |
|-------|-----------|----------|
| | | |
| | | |
| | | |
| X | | |
| X | | |
| | | |
| | | |
| TOTAL | | |

ference in column 1 is less than zero, enter "0" in column 2.

(Column 1)

(Column 2)

(Column 3)

| SMALL ENTITY | |
|-----------------|--------------------|
| RATE (%) | ADDITIONAL FEE (%) |
| x 85 = | 3 |
| x 100 = | |
| 180 | |
| TOTAL ADD'L FEE | |

OR OTHER THAN
SMALL ENTITY

| DISPATCH ENTITY | |
|-----------------|---------------------|
| RATE (\$) | ADDITIONAL FEE (\$) |
| OR x 50 = | |
| OR x 400 = | |
| OR 360 | |
| OR TOTAL | |
| ADDITIONAL FEE | |

| RATE (\$) | ADDITIONAL FEE (\$) |
|-----------------|---------------------|
| X | |
| X | |
| | |
| TOTAL ADD'L FEE | |

Q

| | | | |
|----|-----------------|--|--|
| OR | X | | |
| OR | X | | |
| OR | | | |
| OR | | | |
| OR | TOTAL ADD'L FEE | | |

Box in column 1.

* In column 1 is less than the entry in column 2, write "0" in column 3.
 * If "Net Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 * If "Net Number Previously Paid For" IN THIS SPACE is less than 8, enter "3".

information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.144. This collection is estimated to take 12 minutes to complete, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on this collection should be directed to the Office of Management and Enterprise Services, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS OFFICE. TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.